



Alcimededes

Forensic physicians may be called to the scene of a sudden unexpected death from carbon monoxide poisoning. The *Health Protection Agency* in the UK has recently said that around 50 people die each year in the UK from accidental exposure to high levels of carbon monoxide (CO) and hundreds more have their health compromised by exposure to lower levels of CO. They have produced an algorithm for doctors to remind them of the common symptoms of headache, nausea and vomiting, drowsiness, dizziness, shortness of breath and chest pain. [http://www.hpa.org.uk/web/HPAweb&HPAwebStandard/](http://www.hpa.org.uk/web/HPAweb&HPAwebStandard/Page/1236845873212)

A study in Sydney, Australia (*Addiction* 2009;104:1000–5) has compared the post-mortem toxicology of people dying from homicide and suicide (other than by poisoning). Substances were detected in 65.5% of cases and multiple substances in 25.8%. Homicide cases were more likely to have illicit drugs detected such as cannabis, opioids and psychostimulants and less likely to have benzodiazepines, antidepressants and antipsychotics. Alcohol was present in 39.6% of cases with a median alcohol concentration of 0.12 g/100 ml and significantly higher blood alcohol concentrations in the homicide group. The authors conclude that alcohol and drugs play a significant role in premature death far beyond overdose and disease. Illicit drugs are strongly associated with homicide and there is evidence of extensive use of alcohol in violent deaths from both homicide and suicide.

An extremely thought provoking analysis was published in the *BMJ* (2009;338:b1653. doi: 10.1136/bmj.b1653) contrasting the ethical policies of physicians and psychologists concerning the interrogation of detainees. Physicians are prohibited from conducting, directly participating in, or monitoring interrogations and this stance contrasts with the policy of the American Psychological Association that allowed consultation and monitoring of individual interrogation with the intent of intervening. The authors make a number of recommendations. Firstly, that the Nuremberg ethic, whereby individuals cannot avoid personal accountability by following orders, should be central to all professions despite their differences. Secondly, ethical considerations relevant to a professional's work with a specific group should be explicitly included in an enforceable ethics code. Thirdly, that professional organisations should make greater efforts to ensure that all members know the nature of their ethical responsibilities.

A postal questionnaire in the USA that set-out to assess the self-reported experience, comfort and competence of primary care paediatricians to evaluate and manage child abuse; render opinions regarding the likelihood of abuse; and provide court testimony found that, while the paediatricians often felt competent in conducting medical exams for suspected maltreatment, they felt less competent in rendering a definitive opinion, and did not generally feel competent to testify in court. Sense of competence was particularly low for sexual abuse (*Child Abuse Neglect* 2009;33:76–83). The authors conclude that the findings of the survey provide support for the American Board of Paediatrics' decision to create a 'Child Abuse Paediatrics' subspecialty. The findings also indicate a need to ensure funding for fellowship training programs in this field.

Although much is known about the risks associated with contact-precipitated concealment (body-stuffing) of cocaine, much less has been written about the medical outcome of heroin body stuffers. A retrospective analysis of all cases of heroin body stuffers reported to a metropolitan poison control centre in Illinois from 2000 to 2004 identified a total of 65 cases (*J Emerg Med* 2009;36:250–6). The stated quantity of heroin containers ingested ranged from 1 to 30, with 65% packages reported to have been wrapped in plastic. Only six patients (9.2%) developed symptoms of opiate intoxication and, although the mean length of observation was 24 h, all of those who became symptomatic did so within an hour after swallowing the packages. Three patients (4.6%) needed naloxone. The authors conclude that opiate intoxication from heroin stuffing is uncommon and tends to occur early in its course. The data suggests a benign clinical course for most heroin body stuffers.

In suspected child abuse, the practice of differentiating between accidental and non-accidental burns based on the appearance of the injuries is well established. A study of the morphology of burn injuries in 120 consecutive patients demonstrates that the pattern of injury can help establish the cause of the burning in adults as well as children (*For Sci Int* 2009;187:81–6). Analysis identified five typical patterns of cutaneous burn injuries – those caused by a jet of flame from the likes of methylated spirits and gasoline detonations; explosion-pattern burns from explosions and electrothermal injuries; flame-pattern burns from the direct flame effects of burning gasoline or oil, open fires or ignited clothing; immersion-pattern burns; and spilling-pattern burns. The authors conclude that consideration of these patterns can assist the reconstruction in fire investigations or unclear scaldings.